

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):      TELEPHONE NO. : FAX NO. (Optional): E-MAIL ADDRESS (Optional) : ATTORNEY FOR (Name) :	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS : MAILING ADDRESS : CITY AND ZIP CODE : BRANCH NAME :	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
<b>FACSIMILE TRANSMISSION COVER SHEET</b>	CASE NUMBER:

**TO THE COURT:**

1. **Please file** the following transmitted documents in the order listed below:

Document name

No. of pages

2. ☐ **Processing instructions** consisting of: \_\_\_\_\_ pages are also transmitted.

3. ☐ **Fee required** ☐ Filing fee ☐ Fax fee (rule 2006(g))

a. ☐ **Credit card payment** I authorize the above fees and any amount imposed by the card issuer or draft purchaser to be charged to the following account:

☐ VISA ☐ MASTERCARD Account No.:

Expiration date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF CARDHOLDER)

\_\_\_\_\_  
(SIGNATURE OF CARDHOLDER)

b. ☐ **Attorney account** (rule 2006(f)). Please charge my account no.: